

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841054

Entity Name: LONDON LIFE REINSURANCE COMPANY

Current Principal Place of Business:

1787 SENTRY PKWY WEST
STE 420
BLUE BELL, PA 19422-2240

Current Mailing Address:

PO BOX 1120
BLUE BELL, PA 19422-0319 US

FEI Number: 23-2044256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VT
Name CONNOLLY, STEPHEN J
Address 1 COTTONWOOD DRIVE
City-State-Zip: HOLLAND PA 18966

Title VS
Name HAZEL, RAYMOND J
Address 7 DAYLILLY COURT
City-State-Zip: WILMINGTON DE 19808

Title P/D
Name POULIN, JEAN-FRANCOIS
Address 527 BOOKBINDER WAY
City-State-Zip: LANSDALE PA 19446

Title D
Name TUCCI, PETER J.
Address 34 BROOKS BEND DR.
City-State-Zip: NEW HOPE PA 18938

Title D
Name DENTON, A L
Address 1828 GRAVERS RD
City-State-Zip: PLYMOUTH PA 19401

Title V
Name SALTSMAN, DEBRA J
Address 3852 HALLMAN AVE
City-State-Zip: COLLEGEVILLE PA 19426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND J. HAZEL

SR. VP FINANCE, CFO & 02/26/2013
CCO

Electronic Signature of Signing Officer/Director Detail

Date